

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1446

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 559

1. PLACE OF DEATH A. COUNTY MARICOPA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE ARIZONA B. COUNTY PIMA	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN PHOENIX)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TUCSON	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ARIZONA STATE HOSPITAL		E. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1307 E 6th STREET	
3. NAME OF DECEASED (TYPE OR PRINT) FLOYD D. JOHNSON		4. SEX MALE	
5. COLOR OR RACE WHITE		6. MARRIED - - - - - NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
7. DATE OF BIRTH MONTH 2 DAY 25 YEAR 1885		8. AGE YEARS 66 MONTHS 11 DAYS 10	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). WATCHMAN		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -	
9B. KIND OF BUSINESS OR INDUSTRY -		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ILLINOIS	
11. CITIZEN OF WHAT COUNTRY? U. S.		13. SOCIAL SECURITY NO. -	
14A. FATHER'S NAME JOHN A. JOHNSON		14B. BIRTHPLACE (STATE OR COUNTRY) OHIO	
15A. MOTHER'S MAIDEN NAME ALBINA HOWE		15B. BIRTHPLACE (STATE OR COUNTRY) ILLINOIS	
16. INFORMANT'S SIGNATURE ARIZONA STATE HOSPITAL RECORDS		17. DATE OF DEATH (MONTH) MARCH 7, (DAY) (YEAR) 1951	

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. DUE TO (b) Diabetes Mellitus DUE TO (c) HE II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. alzheimers disease 10 yrs		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
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19A. DATE OF OPERATION -		19B. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE - (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) -		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY - M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar. 7, 1951 TO Mar. 7, 1951. THAT I LAST SAW THE DECEASED ALIVE ON Mar 7, 1951. AND THAT DEATH OCCURRED AT 125P FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE E. McGowan M.D.	23B. ADDRESS 2500 E. Van Buren	23C. DATE SIGNED 3-7-51

24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 3-7-51		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona.	
25A. DATE REC'D BY LOCAL REG. 3/7/51		25B. REGISTRAR'S SIGNATURE Beulah Johnston		26. FUNERAL DIRECTOR'S SIGNATURE Edward Ross		27. EMBALMER'S SIGNATURE Edward Ross	
28. ADDRESS		29. CERT. NO.		Whitney Funeral Home, Phoenix, Arizona.			

C. McGowan, M.D.